Application for Approval Review Form A

When an owner wishes to construct a new home, swimming pool (water features) or to alter/remodel an existing home, or to add landscaping, this application shall be filled out completely by the homeowner and submitted to the Thunder Mountain Ranch Architectural Review Committee. This will provide the ARC with the information necessary to review the proposed construction for compliance in accordance with the CC&R's and Architectural Review Committee Guidelines.

Note: This form can be filled out in Microsoft Word by tabbing over to each field. Please save your document by your Name and Lot Number and Form if using this method to fill it out. To check the boxes below, just click your choice with your mouse.

| New Construction: | Alteration/Addition: Landscaping: |
|----------------------------|--------------------------------------|
| Swim | ming Pool (Water Features) \square |
| Square Footage of Hom | e: Square Footage of Garage: |
| P | Preliminary: 🗌 Final: 🗌 |
| | |
| Construction Site Address: | |
| Assessor's Parcel Number: | |
| | |
| | |
| E-Mail Address: | |
| Phone Number: | |
| Street Address: | |
| City, State, Zip | |
| Architect/Designer Name: | |
| E-Mail Address: | |
| | |
| | |
| | |
| City, State, Zip: | |

Thunder Mountain Ranch ARC (Form A)

| Contractor/Builder Name: | |
|---|---|
| E-Mail Address: | |
| License Number: | |
| Phone Number: | |
| Street Address: | |
| City, State, Zip: | |
| LEASE GIVE A SHORT NARRATIVE OF THE HOME LAYOUT, ANY WATER FEATURES, NCLUDING A DESCRIPTION OF THE PROPOSED LANDSCAPING: | , |
| you are using Microsoft Word to fill out this form, use your tab key to move to the next ne when you are at the end of each line. | |
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| IST ALL PAGES OF THE PLANS/SPECIFICATIONS. TWO COPIES OF EACH PLAN RE REQUIRED: | |
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Thunder Mountain Ranch ARC (Form A)

| Printed Name Architect: | |
|--------------------------------|-------------------------|
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| | |
| Date: | |
| the Thunder Mountain Ranch Pro | |
| Printed Name Homeowner: | |
| Signature: | |
| | |
| | O BE FILLED OUT BY ARC: |
| | |
| ARC Review Fee Check #: | |
| Date Received by ARC: | |
| | |